

# Coronavirus Disease 2019 (COVID-19)



## CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity

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### Guiding Principles

**Reduce** health disparities. **Use** data-driven approaches. **Foster** meaningful engagement with community institutions and diverse leaders. **Lead** culturally responsive outreach. **Reduce** stigma, including stigma associated with race and ethnicity.

### Vision

All people have the opportunity to attain the highest level of health possible.

### Charge

- To reduce the disproportionate burden of COVID-19 among populations at increased risk for infection, severe illness, and death.
- To broadly address health disparities and inequities related to COVID-19 with a holistic, all-of-response approach.
- To develop a strategic plan to help us realize these goals.

### Overview

Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities. The population health impact of COVID-19 has exposed longstanding inequities that have systematically undermined the physical, social, economic, and emotional health of racial and ethnic minority populations and other population groups that are bearing a disproportionate burden of COVID-19.

Persistent health disparities combined with historic housing patterns, work circumstances, and other factors have put members of some racial and ethnic minority populations at higher risk for COVID-19 infection, severe illness, and death. As we continue to learn more about the impact of COVID-19 on the health of different populations, immediate action is critical to reduce growing COVID-19 disparities among the populations known to be at disproportionate risk.

CDC's COVID-19 Response Health Equity Strategy broadly seeks to improve the health outcomes of populations disproportionately affected by focusing on four priorities:

1. Expanding the evidence base.
2. Expanding programs and practices for testing, contact tracing, isolation, healthcare, and recovery from the impact of unintended negative consequences of mitigation strategies in order to reach populations that have been put at increased risk.  
**Examples** of potential unintended negative consequences include loss of health insurance; food, housing, and income insecurity; mental health concerns; substance use; and violence resulting from factors like social isolation, financial stress, and anxiety.
3. Expanding program and practice activities to support essential and frontline workers to prevent transmission of COVID-19. **Examples** of essential and frontline workers include healthcare, food industry, and correctional facility workers.
4. Expanding an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population.

## Populations and Place-Based Focus

- Racial and ethnic minority populations
- People living in rural or frontier areas
- People experiencing homelessness
- Essential and frontline workers
- People with disabilities
- People with substance use disorders
- People who are justice-involved (incarcerated persons)
- Non-U.S.-born persons

## Intended Outcomes

- Reduced COVID-19-related health disparities.
- Increased testing, contact tracing, isolation options, and preventive care and disease management in populations at increased risk for COVID-19.
- Ensured equity in nationwide distribution and administration of future COVID-19 vaccines.
- Implemented evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19.

- Reduced COVID-19-associated stigma and implicit bias.
- Expanded cultural responsiveness and application of health equity principles among an increasingly diverse COVID-19 responder workforce.

## Time Period of Strategy

The Health Equity Strategy is focused on immediate actions that can be taken to respond to the COVID-19 pandemic and tracks intended outcomes.

### Priority Strategy 1

Expand the evidence base.

## Activities

- Build on plans for collecting and reporting timely, complete, representative, and relevant data on testing, incidence, vaccination, and severe outcomes by detailed race and ethnicity categories, taking into account age and sex differences between groups.
- Build on plans for collecting and reporting timely, complete, and representative data on testing, incidence, vaccination, and severe outcomes among other populations of focus.
- Develop plan for literature reviews and analyses using data available from CDC and/or non-CDC sources to assess disproportionate impacts of COVID-19.
- Develop and implement plan for special studies related to social determinants of health to expand knowledge base, contextualize health disparities, and mitigate stigma and bias.
- Develop and implement plan to disseminate health equity-related data and related materials tailored to be culturally and linguistically relevant for diverse audiences.
- Develop key principles and resources for collecting, analyzing, reporting, and disseminating health equity-related data to inform action during a public health emergency.

## Intermediate Outcomes (3-12 months)

- Timely, complete, and representative data are available for the public and other stakeholders and inform how CDC addresses racial and ethnic disparities related to COVID-19.
- Analyses conducted, reported, and incorporated into CDC guidance and other publications that inform future program and practice strategies.
- Culturally and linguistically tailored products are disseminated to reach diverse audiences.
- Guidance on key principles and accompanying resources are developed and adopted.

### Priority Strategy 2

Expand programs and practices for testing, contact tracing, isolation, healthcare, and recovery from the impact of unintended negative consequences of mitigation strategies in order to reach populations that have been put at increased risk.

## Activities

- Develop Strengths, Weakness,

## Intermediate Outcomes (3-12 months)

- Implemented and routinely assessed

## Opportunities, Threats (SWOT)

analysis on CDC program and practice investment plans focused on reducing health disparities and addressing negative consequences of mitigation strategies.

- Build community capacity to reach disproportionately impacted populations with effective culturally and linguistically tailored programs and practices for testing, contact tracing, isolating, vaccination and healthcare strategies across populations placed at increased risk and in place-based settings.
- Develop a health communications strategy with culturally and linguistically responsive materials and messengers, for disseminating accurate information in plain language, lessening adverse effects of mitigation strategies, and emphasizing importance of wellness visits and preventive care.
- Identify and establish collaborations with critical partners aligned with place-based settings that serve and support populations at increased risk for COVID-19.
- Identify and establish collaborations with critical partners affiliated with racial and ethnic populations placed at increased risk for COVID-19 to disseminate scientifically accurate, culturally and linguistically responsive information and facilitate access to health-related services.
- Identify and establish collaborations with critical partners affiliated with other populations of focus that are put at increased risk for COVID-19.
- Develop strategies to prevent adverse effects of mitigation strategies in future infectious disease outbreaks and other emergencies.
- Support capacity building for COVID-19 vaccine distribution and administration by establishing progress of plan.
- Increased capacity to reach populations at increased risk for COVID-19 while ensuring ethical protections are in place.
- Increased partner network reach to disseminate materials that mitigate medical mistrust.
- Increased access to testing, isolation options, and care in STLT jurisdictions for populations at increased risk for COVID-19.
- Increased nationwide capacity to effectively implement mitigation strategies among populations of focus.
- Vaccine strategy established, with additional immunization activities focused on ensuring access in populations at highest risk for morbidity and mortality.
- Increased education for state and local policymakers on evidence-based strategies for preventing COVID-19 among populations at highest risk.

partnerships with organizations, including federal, state, local, tribal and territorial agencies, national non-governmental, private sector partners, and community-based organizations.

- Identify and establish partnerships with state and local policy organizations affiliated with other populations of focus to develop evidence-based strategies for preventing COVID-19 among populations at highest risk.
- Provide culturally tailored COVID-19 support to American Indian/Alaska Native tribal organizations.

### Priority Strategy 3

Expand program and practice activities to support essential and frontline workers to prevent transmission of COVID-19.

## Activities

- Develop SWOT analysis on CDC program and practice investment plans focused on reducing COVID-19-related health disparities among frontline and essential workers.
- Build capacity to reach essential and frontline workers with effective culturally and linguistically tailored programs and practices for testing, contact tracing, isolating, and care strategies.
- Develop health communications strategy with culturally and linguistically responsive materials and messengers, promoting scientifically accurate information on prevention of COVID-19 and importance of wellness visits tailored to frontline and essential workers.
- Establish partnerships with organizations that serve and support frontline and essential worker safety (e.g., healthcare, food industry, grocery, retail, restaurant associations).
- Support capacity building for vaccine distribution and administration to frontline and essential workers by establishing partnerships with organizations, including federal, state, local tribal and territorial agencies, national non-governmental, private sector partners, and community-based organizations.
- Identify and establish partnerships with state and local policy organizations affiliated with other populations of focus to develop evidence-based strategies for reducing frontline and essential workers' exposure to the virus that causes COVID-19.

## Intermediate Outcomes (3-12 months)

- Implemented and routinely assessed progress of plan to reduce health disparities.
- Increased capacity to reach frontline and essential worker networks with COVID-19 testing, contact tracing, isolation options, and care.
- Increased informational reach tailored to frontline and essential workers.
- Expanded education for state and local policymakers on evidence-based strategies for reducing frontline and essential workers' exposure to the virus that causes COVID-19.

## Priority Strategy 4

Expand an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population.

### Activities

- Develop culturally and linguistically tailored COVID-19 responder trainings and resources.
- Build diverse responder workforce (for example, diverse racial, ethnic, and social backgrounds, multi-disciplinary, multi-lingual, and multi-generational).
- Provide support for CDC responders who may be experiencing loss and challenges due to the COVID-19 pandemic.
- Implement inclusive practices for team activities to assess and address the needs of an increasingly diverse U.S. population.

### Intermediate Outcomes (3-12 months)

- > 50% of public health responders completed training(s) within 1 month of deployment.
- Increased and sustained participation of diverse workers in the response at all levels.

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Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)